## ORIGINAL U.S. PATENT APPLICATION

As a below-named in eby declare that: Attorney's Docket No. 60305-306801

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CURVATURE-CORRE	CTED	BAND-GAP	REFERENC	E WITH	REDUCED	PROCESS	ING SE	ENSITIVITY	the
specification of which,									
(check one)	1.	is attached he	ereto.						
	2.		6/28/200 tion Serial No ended on	09	s 9/894,957	_ _·			
I hereby state that I hav amended by any amendm	e review ent refer	ed and unders red to above.	tand the conto	ents of the	above-identific	ed specificati	on, inclu	ding the clai	ms, as
I acknowledge the duty t 37, CFR § 1.56.	o disclos	e information	which is mate	rial to the e	xamination of	this applicat	ion in ac	cordance with	h Title
I hereby claim foreign pr for patent or inventor's c than the United States, inventor's certificate, or claimed:	ertificate listed be	, or § 365(a) o low and have	of any PCT In identified be	ternational : low, by ch	application whe	iich designate x, any foreig	ed at leas gn applic	t one country ation for pat	other tent or
Prior Foreign Applicati	on(s)						ority Ben	nefits Claimed	1?
(Appl. No.)	_	(Country)		(Filing Date)	)	- L	1103	jito	
I hereby claim the benefit	t under 3	5 U.S.C. §119(	e) of any Unit	ed States pr	ovisional appl	ication(s) list	ed below	<b>:</b>	
(Application Serial No.)		(Fil	ing Date)						

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. Application(s)			
(Application Serial No.)	(Filing Date)	(Status - patented, pending, abandoned)	-

And I hereby appoint the law firm of OPPENHEIMER WOLFF & DONNELLY, LLP, including Paul L. Hickman (Reg. No. 28,516); Brian R. Coleman (Reg. No. 39,145); Michael J. Hughes (Reg. No. 29,077); Robert D. Hayden (Reg. No. 42,645); Raymond E. Roberts (Reg. No. 38,597); Michael E. Melton (Reg. No 32,276); Larry B. Guernsey (Reg. No. 40,008); Ronald B. Feece (Reg. No. P46,327); Stefanie M. Howell (Reg. No. 45,929); Daphne L. Burton (Reg. No. 45,323) Brad Close (Limited Recognition under 37 CFR 10.9(b) and Steven S. Kelley (Reg. No. 43,449) as my principal attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

**Send Correspondence To:** 

{\ . . . **\** 

## OPPENHEIMER WOLFF & DONNELLY, LLP

1400 Page Mill Road Palo Alto, CA 94304

## Direct Telephone Calls To: Brian R. Coleman at telephone number (650) 320-4000

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Sole or First Inventor:	<b>∕</b> Ed	lmond Patrick	Coady	Citizenship:	USA
Inventor's signature:	Uto	X		Date of Signature	e: 10/4/0
Residence: (City)	rolor	ADO SPE	zinas	(State/Country)	MLORADO
Post Office Address:	1512	NORTH	NEWDA	AVENUE	40903
Full Name of Second Joint Inventor (if any):	t 			Citizenship:	
Inventor's signature:				Date of Signature	e:
Residence: (City)				(State/Country)	
Post Office Address:					
Full Name of Third Joint Inventor (if any):				Citizenship:	
Inventor's signature:				Date of Signatur	e:
Residence: (City)				(State/Country)	
Post Office Address:					